



Division of Professional Regulation
861 Silver Lake Blvd.
Cannon Building, Suite 203
Dover, Delaware 19904-2467
(302) 744-4500

DUPLICATE RENEWAL NOTICE

DUE DATE: September 30, 2004

To renew your Delaware Professional Geologist license, please affix your Delaware geologist seal where indicated. Complete and return this application along with your continuing education log and appropriate fee payment. All three items are required to complete the renewal of your geologist license.

Due to the time required to process your renewal, please submit all three required items by September 15, 2004 or earlier. If the completed application is received after September 15, 2004, you may not receive your renewed license by September 30, 2004.

1. Have you been convicted of a felony or received a criminal conviction of an offense involving a violation of integrity, such as fraud, theft, or similar crimes since you last renewed your Delaware Professional Geologist license? YES____ NO____ If yes, provide details of offense including date of conviction and provide copies of court documents.

2. Have you been the recipient of any administrative penalties regarding your practice as a geologist such as fines, formal reprimands, license suspension or revocation (except for non-payment of fees), probationary limitations, or been party to a consent agreement containing conditions placed by a Board on your professional conduct and practice including any voluntary surrender of a license since you last renewed your Delaware Professional Geologist license? YES____ NO____ If yes, provide documentation of the action for review.

3. Are you now or within the past 2 years been dependent on drugs or alcohol or have you been diagnosed by a physician to be mentally incompetent? YES____ NO____ If yes, please explain.

4. I hereby certify that I have reviewed and am in compliance with the Board's Rules and Regulations.

Signature: _____ Date: _____

AFFIX YOUR DELAWARE GEOLOGIST SEAL HERE

NAME: (Please Print) _____ ☐ Check box if new address

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

DUE DATE: September 30, 2004

Late fee due if postmarked after Due Date

PROFESSION:	AMOUNT DUE:	LATE FEE:	LICENSE NUMBER:
Geologist	\$85.00	\$43.00	S4-_____

All sections must be completed. Incomplete forms will not be accepted. Make checks payable to the "State of Delaware."